

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET |                |        |       |        |       | Application Number<br><i>10 529429</i>            | Filing Date |
|--|----------------|--------|-------|--------|-------|---|-------------|
|  |                |        |       |        |       | Applicant(s)                                      |             |
|  |                |        |       |        |       | * May be used for additional claims or amendments |             |
| CLAIMS   | <i>10-3-06</i> |        |       |        |       |   |             |
|  | Indep          | Depend | Indep | Depend | Indep | Depend  |             |
| 1  | /              |        |       |        |       |   | 51          |
| 2  |                | /      |       |        |       |   | 52          |
| 3  |                | /      |       |        |       |   | 53          |
| 4  |                |        |       |        |       |   | 54          |
| 5  |                | /      |       |        |       |   | 55          |
| 6  |                | /      |       |        |       |   | 56          |
| 7  |                | /      |       |        |       |   | 57          |
| 8  |                | /      |       |        |       |   | 58          |
| 9  |                |        |       |        |       |   | 59          |
| 10   |                | /      |       |        |       |   | 60          |
| 11   |                | /      |       |        |       |   | 61          |
| 12   |                | /      |       |        |       |   | 62          |
| 13   |                | /      |       |        |       |   | 63          |
| 14   |                | /      |       |        |       |   | 64          |
| 15   |                | /      |       |        |       |   | 65          |
| 16   |                | /      |       |        |       |   | 66          |
| 17   |                | /      |       |        |       |   | 67          |
| 18   |                | /      |       |        |       |   | 68          |
| 19   |                |        |       |        |       |   | 69          |
| 20   |                |        |       |        |       |   | 70          |
| 21   |                |        |       |        |       |   | 71          |
| 22   |                |        |       |        |       |   | 72          |
| 23   |                |        |       |        |       |   | 73          |
| 24   |                |        |       |        |       |   | 74          |
| 25   |                |        |       |        |       |   | 75          |
| 26   |                |        |       |        |       |   | 76          |
| 27   |                |        |       |        |       |   | 77          |
| 28   |                |        |       |        |       |   | 78          |
| 29   |                |        |       |        |       |   | 79          |
| 30   |                |        |       |        |       |   | 80          |
| 31   |                |        |       |        |       |   | 81          |
| 32   |                |        |       |        |       |   | 82          |
| 33   |                |        |       |        |       |   | 83          |
| 34   |                |        |       |        |       |   | 84          |
| 35   |                |        |       |        |       |   | 85          |
| 36   |                |        |       |        |       |   | 86          |
| 37   |                |        |       |        |       |   | 87          |
| 38   |                |        |       |        |       |   | 88          |
| 39   |                |        |       |        |       |   | 89          |
| 40   |                |        |       |        |       |   | 90          |
| 41   |                |        |       |        |       |   | 91          |
| 42   |                |        |       |        |       |   | 92          |
| 43   |                |        |       |        |       |   | 93          |
| 44   |                |        |       |        |       |   | 94          |
| 45   |                |        |       |        |       |   | 95          |
| 46   |                |        |       |        |       |   | 96          |
| 47   |                |        |       |        |       |   | 97          |
| 48   |                |        |       |        |       |   | 98          |
| 49   |                |        |       |        |       |   | 99          |
| 50   |                |        |       |        |       |   | 100         |
| Total Indep                                    | /              |        |       |        |       |   |             |
| Total Depend                                   | <i>50</i>      |        |       |        |       |   |             |
| Total Claims                                   | <i>51</i>      |        |       |        |       |   |             |

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